

FORM 8. Entry of Appearance

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

_____ v. _____

No. _____

ENTRY OF APPEARANCE

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

_____ Pro Se _____ As counsel for: _____
 Name of party

I am, or the party I represent is (select one):

_____ Petitioner _____ Respondent _____ Amicus curiae _____ Cross Appellant
 _____ Appellant _____ Appellee _____ Intervenor

As amicus curiae or intervenor, this party supports (select one):

_____ Petitioner or appellant _____ Respondent or appellee

My address and telephone are:

Name: _____
 Law firm: _____
 Address: _____
 City, State and ZIP: _____
 Telephone: _____
 Fax #: _____
 E-mail address: _____

Statement to be completed by counsel only (select one):

_____ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

_____ I am replacing _____ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

_____ I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): _____

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

_____ Yes _____ No

_____ A courtroom accessible to the handicapped is required if oral argument is scheduled.

_____ 10/16/2014
 Date

_____/s/Philip M. Weiss
 Signature of pro se or counsel

cc: _____

FORM 30. Certificate of Service

**UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT**

CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on
by:

US mail
Fax
Hand
Electronic Means
(by email or CM/ECF)

Name of Counsel

Signature of Counsel

Law Firm

Address

City, State, ZIP

Telephone Number

FAX Number

E-mail Address

NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an “/s/” and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.